Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	7-14-08	Address:	176 1 644 5
Case #:	PO 08-060D		POSEYVILLE, IN.
County:	Poset Co.	C 05	1032101CC, 13
	NARCONCS UNIT		5: N38°10'15.8/W87046'59.5
<u>.</u>		•	
Operatio	ll/Glassware/Equipment (or		Iding Topen Vo Structure
Lithium/, Red Phos Flammab Water Re Anhydror	Base .	Yes No *If yes, fax re	er age 18 discovered (check one) (number present) port to Child Protestive Services
This report i	s to be faxed to the follow	ing agencies that ser	ve the location:
Fire Department Pos		POSEYVILLE VOL	F. D. Fax 812-874-1402
Health Department:		POSEY CO.	Fax 812-838-8561
Child Protective Services Department:		~ ~ ~ ~ ~ ~ ·	
		ethamphetamine labora	FaxFaxFax
** This form is	to be faxed to the Figure	Cont Health Dengations on	Phone <u>8/Z-307-00ff</u> #/Z-836-86035- nd/ot Child Protective Services Department
*** This form is	to be included with case file, ar	id a copy sent to the Cland	estine Laboratory Team Leader for retention.